



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE AND INSURANCE  
Insurance Division  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TENNESSEE 37243**

**PEO/STAFF LEASING COMPANY AND GROUP APPLICATION**

*[PEO/Staff Leasing Companies are governed by §Title 62 Chapter 43 and Tenn. Comp. R. & Regs. 0780-5-8]*

PEO/Staff Leasing Company: \_\_\_\_\_

Taxpayer or Employer Identification Number \_\_\_\_\_

Address of the Principal Place of Business: \_\_\_\_\_

**\*\*\*If applicable, attach any additional addresses of offices maintained in this state.**

PEO/Staff Leasing Company Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Identify the type of license for which application is made and enclose a check for the appropriate fees specified in Rule 0780-5-8-.07 and set out below.

\_\_\_\_\_ PEO/Staff Leasing Company .....Application Fee: \$250 / License Fee: \$2,000

\_\_\_\_\_ PEO/Staff Leasing Group .....Application Fee: \$250 / License Fee: \$4,000

\_\_\_\_\_ Limited/Restricted PEO/Staff Leasing Company .....Application Fee: \$100 / License Fee: \$500

\_\_\_\_\_ Limited/Restricted PEO/Staff Leasing Group .....Application Fee: \$250 / License Fee: \$1,000

\*\*\*If applicable, provide a separate list by state of each name under which the applicant has operated in the preceding five (5) years, including any alternative names, names of predecessors, and, if known, successor business entities.

What type of company is the PEO/Staff Leasing Company?

Sole Proprietorship\_\_\_\_\_ Partnership\_\_\_\_\_ Corporation or LLC \_\_\_\_\_

Is the PEO/ Staff Leasing Company a publicly traded entity? Yes\_\_\_\_\_ No \_\_\_\_\_

- If **YES**, provide the name, address, and principal occupation below of any person who owns **Twenty** Percent (20%) or more of the entity.
- If **NO**, provide the name, address, and principal occupation below of any person who owns **Ten** Percent (10%) or more of the entity.

1. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

2. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

3. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

4. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

5. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

6. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

7. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

8. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

9. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

10. Owner's Name: \_\_\_\_\_ Address \_\_\_\_\_  
Principal Occupation \_\_\_\_\_ Percentage Owned \_\_\_\_\_

If the PEO/ Staff Leasing Company is a publicly traded entity, provide the name, address, and principal occupation of the chief executive officer or president.

Name: \_\_\_\_\_ Address \_\_\_\_\_

Principal Occupation \_\_\_\_\_

Have the owner(s), chief executive officer, and/or president listed above:

1. Been convicted of or entered a plea of nolo contendere to a crime relating to the operation of a PEO/ Staff Leasing Company? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Been disciplined relating to the operation of a PEO/ Staff Leasing Company? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Been convicted of or entered a plea of nolo contendere to an offense relating to bribery, dishonesty, or fraud? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Been convicted of or entered a plea of nolo contendere to any felony? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Been found liable for civil fraud? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: If the answer to any of the above questions was yes, you must provide supplementary documentation explaining the circumstances. Include any court or regulatory agency documentation.**

**The following documentation must accompany this application:**

- A financial statement in accordance with §Title 62-43-106.
- Evidence of workers' compensation coverage ("Certificate of Liability Insurance" or "ACORD" form) for covered employees in this state who are subject to the Tennessee Workers' Compensation Law, compiled in §Title 50.
- A notarized statement stating whether the applicant sponsors a self-insured health plan.
- The Staff Leasing Guaranty Agreement. This form is online. (**Groups only**).
- A notarized statement affirming that the PEO/ Staff Leasing Company or Group does not maintain an office in this state, does not maintain a sales force or have a sales representative in this state, and does not directly solicit clients located or domiciled within this state (**Restricted only**).
- A notarized statement demonstrating that the applicant will lease no more than fifty (50) employees in this state without obtaining an unrestricted license in this state (**Restricted only**).
- A copy of a current license to engage in PEO/Staff Leasing issued by the applicant's state of domicile and a notarized statement from the state which issued the applicant's license stating that the applicant is in good standing; **or** a notarized statement by the applicant stating that no license is required by the applicant's state of domicile to engage in PEO/Staff Leasing; **or** a notarized statement by the applicant stating that it is not licensed in its state domicile or residence due to the fact that the applicant does not engage in staff leasing in that state (**Non-resident**).

The foregoing statements herein are true and correct. The attached financial statement, taken from the books is a true and accurate statement of the firm's condition as of the date thereof, and all information provided in this application is true. I have reviewed the application and have submitted all materials necessary at this time to enable the Commissioner of Commerce and Insurance to determine whether the requirements to obtain a license have been met. Further, the foregoing statements are submitted to the Commissioner for the express purpose of inducing the Commissioner to license the applicant in the State of Tennessee, and that any person, vendor, or other agency herein named is hereby authorized to supply such Board with any information necessary to verify these statements. It is fully understood that any false statement made on this application is grounds for the denial of a license and for revocation of such license if the falsehood is discovered after issuance. I acknowledge having reviewed this application and understand that the PEO/Staff Leasing Company or Group is expected to comply with §Title 62 Chapter 43 and Tenn. Comp. R. & Regs. 0780-5-8 and rules promulgated thereunder. I expressly affirm that the company and/or group will meet all the notification requirements contained in statute and rule.

[Each owner listed on page 2 of this application and the chief executive officer or president (if a publically traded entity) must execute this affidavit.]

_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)
_____ (Signature)	_____ (Title)

Sworn to me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

_____	My commission expires: _____
(Notary public)	SEAL